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PROGESTERONE VAGINAL RING | A CALL-TO-ACTION TO FILL CRITICAL GAPS IN POSTPARTUM FAMILY PLANNING

The Progesterone Vaginal Ring (PVR) is a safe and effective method of contraception for lactating women. It is a priority medicine on the WHO's Essential Medicines List and included in the Medical Eligibility Criteria for family planning providers.

Short intervals between pregnancies can have serious health implications for the mother and newborn infant and are a leading cause of maternal and infant mortality. Yet over 65 percent of postpartum women report not using contraception in the first year following childbirth. The PVR, developed by the Population Council, is an intravaginal ring that provides women who breastfeed at least four times a day with a contraceptive option as early as four weeks after giving birth. It can be used safely in the first year following childbirth to space or avoid future pregnancies.



INTRODUCING THE PVR IN DEVELOPING COUNTRIES COULD EXPAND METHOD CHOICE AND INCREASE ACCESSIBILITY AND AVAILABILITY OF CONTRACEPTIVE OPTIONS FOR POSTPARTUM WOMEN

INCREASES METHOD CHOICE

The PVR does not require daily action (unlike the pill) and is an effective alternative for women who do not wish to use clinical methods (such as intrauterine devices or implants) or barrier methods (male or female condoms).

Reports from clinical studies indicate that the use of the PVR does not affect sexual pleasure, and most partners do not feel the ring during sexual intercourse.

IMPROVES MATERNAL AND CHILD HEALTH

The PVR helps postpartum women extend birth intervals and prevent unplanned pregnancies, safeguarding their health. Because the PVR can be used while breastfeeding and breast milk boosts immunity, it contributes to positive child nutrition and health outcomes. In order for the PVR to be effective, women must breastfeed their infants at least 4 times a day. However, unlike women using the lactational amenorrhea method of birth spacing, they are able to give their infant other foods as well.

INCREASES METHOD ACCESSIBILITY

A key challenge to family planning service provision is the shortage of trained health workers. As a user-initiated method, the PVR requires minimum interaction between users and providers. Providers require training for counseling women on how to use and remove the ring. By following WHO's "Health Worker Optimization Framework," task-sharing in which rings are distributed by midwives, nurses, community health workers, and pharmacists may help increase accessibility of PVR.

INCREASES METHOD AVAILABILITY

Because it is easy to use, the PVR can be distributed by the public, private, and not-for-profit sectors—in clinics, community-based outlets, pharmacies, social franchises, and integrated within family planning and maternal and child health services. This total-market availability will enable providers to reach all potential clients, ranging from individuals who require subsidized rates to those who are willing to pay full cost for the product.

A call-to-action to introduce the PVR

in accordance with recommendations from the UN Commission on Life-saving Commodities for Women and Children



More than 220 million women in the developing world want to prevent pregnancy but are not using modern contraception. Vaginal rings like the PVR represent an important advance in contraceptive development.

The PVR provides a new option to reduce unmet need among new mothers, allow women to safely space their pregnancies, and improve the health of women and children around the world.

NATIONAL POLICY AND REGULATORY AUTHORITIES

- ▶ **Register PVR as an essential medicine** for family planning into national Essential Medicine Lists.
- ▶ **Integrate PVR in training curricula** (both pre and on-the-job) for family planning providers to ensure mainstreaming into national health programs, and diverse market segments.
- ▶ **Ensure a line item within the Ministry of Health annual budget** to procure and distribute the PVR.

PROCURERS AND SUPPLY-CHAIN MANAGERS

- ▶ **Work with centralized and global purchasers** on ordering, pricing, procurement, and distribution of PVR.
- ▶ **Ensure a consistent supply of the PVR** throughout public, NGO, and private service delivery networks.

SERVICE DELIVERY PROVIDERS

- ▶ **Offer PVR counseling and services through integrated maternal and child health services** (during pregnancy, childbirth, and newborn immunization and nutrition visits to community-based and healthcare facilities).
- ▶ **Ensure training on PVR counseling and services for all levels of health workers** involved in family planning service delivery, including physicians, nurses, midwives, community outreach workers, and pharmacists.

ADVOCACY AND CLIENT GROUPS

- ▶ **Promote PVR among target clients**, e.g. Ob/Gyn practitioners and associations, physician groups, nursing and midwifery practitioners and associations, and pharmacists
- ▶ **Leverage community-based resources** to provide access to PVR services and disseminate educational materials on the use and benefits of PVR for breastfeeding women.

DONORS, MULTILATERAL, AND CIVIL SOCIETY ORGANIZATIONS

- ▶ **Champion women's rights** by facilitating contraceptive choice.
- ▶ **Promote understanding of the role of PVR** in supporting breastfeeding and improving maternal/child health.
- ▶ **Invest in and support sustained service delivery** for PVR and provide subsidies to low-income groups.
- ▶ **Collaborate with technical assistance agencies to gather data for better forecasting and program delivery strategies** for PVR within the public and private sectors.

The Population Council has developed the three most effective forms of long-acting, reversible contraception: the Copper T IUD, the Mirena® intrauterine system, and the contraceptive implant (Norplant® and Jadelle®). Currently 170 million women are using Council-developed contraceptive technologies. The Population Council also is paving the way for the introduction of effective new Council-developed vaginal ring technologies that are easy to use and under a woman's control.